

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA

	CW	PR
5.		

Leonard A. Haskins Plaintiff,

CV 0 Gase NO. 2226

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Rubert "	Ayers Jr.	Worden Defendant.

E-filing

PRISONER'S IN FORMA PAUPERIS APPLICATION

I, Leonard A- Haskins declare under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

Are you presently employed? Yes ___ No ___ 1.

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer.

A Net: NA

Employer: NA

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

- Have you received, within the past twelve (12) months, any money from any of the following 2. sources:
 - Business, Profession or a.

Yes __ No __

self employment
Income from stocks, bonds,
Yes No b. or royalties?

c. Rent payments? d. Pensions, annuities, or life insurance payments? e. Federal or State welfare payments, Social Security or other government source? Yes No Yes Yes No Yes Yes No Yes Yes No Yes Ye	
If the answer is "yes" to any of the above, describe each source of money and state the amount received freach.	om
NIA	
NA	
3. Are you married? Yes No	
Spouse's Full Name:	
Spouse's Place of Employment:	
Spouse's Monthly Salary, Wages or Income:	
Gross \$ Net \$ Net \$	
4. a. List amount you contribute to your spouse's support:	
s NA	
b. List the persons other than your spouse who are dependent upon you for support and indi- how much you contribute toward their support:	icate
NONE	
5. Do you own or are you buying a home? Yes No	
Estimated Market Value: 5 NA Amount of Mortgage: 5 NA	
6. Do you own an automobile? Yes No	
Make NA Year NA Model NA	
Is it financed? Yes WANOWAI foo, Total due: \$ NA	

Monthly Payment: \$ N A
7. Do you have a bank account? (If you are a prisoner, include funds in your prison account, and provide the certificate attached, signed by an officer of the prison.)
Yes No V
Name(s) and address(es) of bank: Name(s)
Present balance(s): \$
Do you own any cash? Yes No Amount: \$ O
Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes No
NA
8. What are your monthly expenses?
Rent: \$ Utilities:
Food: \$ Clothing:
Charge Accounts: Total Owed On Name of Account Monthly Payment This Account
S NA S NA
9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable.)
None
I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

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I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

Case	Number	44
	110000-0	·

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

showing transactions of		for the last six months at	
mo wing united to a	[prisoner name]		
		where (s)he is confined.	
name of institution]			
I further certify that the	average deposits each month to	this prisoner's account for the most recent 6-	
month period were \$	and the average bala	nce in the prisoner's account each month for	
-	d was \$		

REPORT DATE: 04/03/08 PAGE NO: 1 EPORT ID: TS3030 .701 CALIFORNIA DEPARTMENT OF CORRECTIONS SAN QUENTIN PRISON INMATE TRUST ACCOUNTING SYSTEM INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 31, 2007 THRU APR. 03, 2008

COUNT NUMBER : B96040 COUNT NAME : HASKIN, LEONARD ALLEN RIVILEGE GROUP: A

BED/CELL NUMBER: H 040000000017L ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	AN AND 1 100 ME OF 1 1-10	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00
bod prints along come times these expert error district dates (tors exten		eners people even wrige basic Major beaut risks even also beaut tent	DATE AND COME STATE TOWN THE PARTY DISPLANT MADE ALLEN COME LOSTS COME FORCE	brees come crime topic hand about hand and appear and and	CURRENT

AVAILABLE BALANCE 0.00